

Increasing Head Start and Health Care Collaborative Efforts at the State Level: Working with AAP Chapters

Heather Fitzpatrick: Hello and welcome. Thank you for joining us today for the second webinar in the Strong Connections/ Strong Kids webinar series, Head Start and Health Care Collaboration at the State Level. This webinar is the second in a series of three we'll be presenting as part of the Head Start National Center on Health efforts to support increased collaboration between Head Start and Early Head Start programs and the healthcare community.

My name is Heather Fitzpatrick and I'm on staff at the American Academy of Pediatrics which functions as the administrative lead for the Cooperative Agreement for the National Center on Health. And before we begin today's webinar with our presenters, I'd just like to go over a few housekeeping items. First, regarding the presentations, if you are using Wi-Fi and are not hard-wired, you may experience greater lag time during the presentation. The slides will advance automatically throughout the presentation, so attendees will not have control over the slides. All attendees' lines are muted, but if you have a question, we encourage you to type your question in the "Ask a Question" box on your screen.

There will be a short question and answer session at the end of the webinar, and if we don't have time to address your question at that time, we will provide a direct response within a couple of weeks. In addition, we will post responses to all questions with the materials on the ECLKC. If you are listening to the webinar by phone, please click on the "Listen by Phone" button that is just above the "Ask a Question" box. To view the presentation in full screen, you can click on the black button at the upper right-hand corner of the presentation slides and it'll expand that for you.

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During today's webinar, our speakers will be sharing methods and experiences with collaboration between healthcare and Head Start at the state level. And at this time, I'd like to introduce our first speaker. Dr. Sandra Hassink is the President-Elect of the American Academy of Pediatrics. She has testified before Congress on childhood obesity and has served as faculty for Be Our Voice advocacy training and the AAP's legislative conference. She has served as chapter vice-president, chapter president, and national nominating committee representative, district vice-chair and district chairperson for District 3. She is the Chair of the Governor's Council for Health Promotion and Disease Prevention in Delaware. She has authored numerous articles, two AAP books, A Parent's Guide to Childhood Obesity and Pediatric Obesity: Prevention, Intervention, and Treatment Strategies for Primary Care, as well as Clinical Guide to Pediatric Weight Management. She serves as Chair of the Advisory Committee for the AAP Institute for Healthy Childhood Weight. Dr. Hassink co-chairs the APA Obesity Special Interest Group and was national faculty on the Healthy Weight Collaborative. She is a member of her

hospital IRB and has chaired the Hospital Ethics Committee. She also earned her Master's in Science and Pastoral Care in Counseling in 2000. Dr. Hassink has been married for 38 years to her husband Bill and they have three grown children. At this time,

Dr. Hassink, I'll turn it over to you.

Dr. Sandra Hassink: So hello, everyone. I'm so delighted to be participating in this important webinar and trying to increase our understanding and collaboration about how Head Start and healthcare can work at the state level. And so the title of my talk is Increasing Head Start and Health Care Collaborative Efforts at the State Level: Working with AAP Chapters. And our learning objectives for today are to become familiar with the models of state-level collaboration between the AAP chapters and other sectors and Head Start, of course; to be familiar with the AAP chapters and how they function; and to know how and where to find information on chapters and to understand how to effectively work with AAP chapters. I wanted to start by giving a few examples of typical AAP chapter collaboration with Head Start at the state level. And I drew on this from the chapters in District 3, which are the mid-Atlantic states, and one of our chapters is New Jersey. And in New Jersey, the chapter executive director serves on the Council on Young Children, which is a governor's council, along with Head Start. And this helps the chapter understand how to have strategic involvement of pediatricians in the different efforts of the council, and it makes Head Start and the chapter council partners.

The chapter in New Jersey and Head Start also serve on and work collaboratively on many committees focused on aligning and integrating the New Jersey Childhood Initiative. And you see some of the examples there. So in New Jersey, Head Start and the chapter are partners on many statewide collaborations. There are also members of the New Jersey Oral Health Coalition, and this coalition focuses on strengthening medical/dental collaboratives, community outreach, and financing preventive oral health initiatives. And this has been -- a particular focus with Head Start has been on community outreach. So this has been a very effective partnership in New Jersey. They also partner with Head Start on their SCAN initiative and provided training in 2013 to Head Start staff around childhood abuse and neglect and recently have included information about toxic stress in that training, which really aligns very well with the AAP national and state agendas. And the training team for this initiative includes a pediatrician and staff from the community.

In Maryland, the Maryland chapter is working in partnership with Parents' Place of Maryland and on two HRSA grants and on providing education and credentialing quality improvement for epilepsy and other topics. And so they work with Head Start on many of these initiatives, and you can see that Head Start has opportunities here to further partner with the chapters on many of the chapter initiatives. These are not the only chapter initiatives.

Almost every chapter has early childhood initiatives, initiatives around our strategic priorities of early childhood education and literacy, early child health, oral health, obesity, to name just a few. I wanted to spend a little bit of time with you today and give you a brief overview of what an AAP chapter is and how they function. So in brief, an AAP chapter is an organized group of pediatricians and other healthcare professionals who work to implement AAP policy at the state and local levels, they respond to the needs of their members which may be unique to their state or to local communities within the state, and they serve to address national priorities but also handle issues that have come up through their membership or through their region. There's

usually one chapter per state, but two of our larger states, California and New York, may have two or three chapters within that state.

The AAP chapter provides advocacy training and often advances child health agendas through state legislators, leadership and education training for their members, and networking opportunities both among AAP members and the wider healthcare system in the community. The chapters are independently incorporated. So these -- we also have AAP sections which are special interest groups within the national academy, but the chapters are incorporated under 501(c)3, 4, or 6 tax statuses. This makes them affiliated with the national AAP but separate operating entities. They also may have their own foundations set up separately from the chapter who handle fundraising for them. Chapters' independent incorporation allows them to really have organizational control over statewide activities and focus on those activities with freedom to address the needs and interests of their members' states and regions. They are asked to align with the AAP national strategic initiative and are almost uniformly aligning with those initiatives and working them out at the state level. They also may have particular state initiatives responding to conditions of children in their state or needs of the members that they follow.

We at the national can make a request of the state chapter, but we can't tell them what to do. But I think at this point we're very well aligned in our strategic objectives for children. The national AAP asks chapters to maintain bylaws that are consistent and congruent with the national AAP bylaws. Chapters have to report annually on all their activities to national, and their offices, of course, must be voting members of the American Academy of Pediatrics. Each chapter has a leadership structure, and included in that structure is a president, a vice-president, a secretary and treasurer. These officers are pediatricians, they're members of the National Academy of Pediatrics and their state chapters, and they're unpaid volunteers. So we are very grateful to all our leadership and all our members who are doing an enormous amount of work as volunteers in their communities.

Chapters have executive boards, and these are usually composed of chapter members, but some of the chapters have boards that also have community members. The officers' terms are about two to three years, and often the vice-president will move up to be the president. And this is the way they do their succession planning. And you can pretty well understand how important it is to have a chain of leadership that is able to establish relationships within the state and the communities and with other agencies such as Head Start and maintain those relationships over time with good succession planning. Another way -- I'm sorry. Another way that provides continuity for the chapter are the chapters' executive directors. These are -- executive directors serve as our administrators and manager of the chapter's business and advocacy activities. They're paid staff. They report directly to the chapter president. Their duties and hours vary greatly from small chapters who may have a very part-time executive director to our larger chapters having an executive director and multiple staff if that person would supervise. These executive directors may be your first contact folks in the chapter, and we'll show you how to contact them later. And they provide a lot of operational intelligence about what's going on in the chapter, how to partner with the chapter, what the chapter is involved in. In total, we have 66 chapters, 59 in the United States and 7 in Canada. And these chapters, as we said before, usually have one per state except for the larger states of California and New York.

We also have two Uniformed Services chapters, east and west, and these allow our uniformed service members to participate in academy activities, and Puerto Rico and Washington, D.C., also have chapters. So we see that we do have a very robust infrastructure throughout the United States to operationalize our strategic plan to have members involved in every state and locale and their advocacy and work for children. Finances, as you might expect, vary widely from one chapter to the next, and they are dependent often on chapter size, on the amount of grant funding that they have, and their dues. And you can imagine that your smaller chapters are operating often on much more limited budgets. But when you look at the work of the small chapters, they are very effective in their states. So the budgets help the work, but I would say most chapters have managed to be every effective in their locations.

We also have districts, so chapters fall into one of 10 districts that are organized by the geographic areas they're in. As we said before, California and New York are so large that their chapters form -- the states form unique districts with the chapters in their state. Each district is led by a district chairperson who is a member of the board of directors of the American Academy of Pediatrics and a district vice-chairperson. And you can see this map that shows the 10 districts, and you can see toward the east the districts are much more geographically close together. Communication and travel is a little easier than out West where you have large distances in several time zones covered by the western district.

Where can you find information on the AAP chapters? We have a lot of information on our main website, and you have the URL there. We have a chapter executive director contact list, and as I said, this may be your first contact with the chapter. Many chapters have their own websites and fact sheets and you can look at their meeting calendars. And this is a picture of our website, a screenshot. And you can go to www.aap.org and click on "Chapter & Districts" after you've clicked on the "About AAP" header. And then you can see, you can get chapters, chapter information. And in that chapter information, you get -- you can see there, you can get the chapter executive director, Listserv, fact sheets, services, and calendars.

What can you ask of the chapters? You can ask the chapters basically what they're working on and to share expertise that they have, if they're working on a project that you're interested in, share what they've done with Head Start or early childhood care and education before. You can ask if there's opportunities to work together to promote the importance of high-quality early education and childcare. You can work with them on messaging around health and school readiness for your parents, and you can look to increase collaboration between your goals and their goals as chapters and as participants in the healthcare system.

Chapters may have varying knowledge about Head Start, so some of this early contact may be a mutual education about what Head Start is doing in their locale and what the chapter is doing. I think it's good to spend that early time assessing and responding to the needs for education and awareness, beginning to understand what you're each working on, and to look for ways to collaborate.

You may already be involved in partnerships and collaborations at the state level that you can use to build on for the next steps in your work. So let's talk for a minute about how to work effectively with chapters. When corresponding, of course, be clear and concise, copy the chapter executive director, and I think that I can't stress this enough, but these executive directors are your point person of the chapter. They know what's going on in the chapter. They

know how to get hold of the people that are interested in your initiatives. They can keep the president informed and have you arrange a time or meeting if you want to talk to the chapter president or other officers. And then when emailing always, of course, include your signature and who you are and who your affiliation is.

If you want to do surveys or have information requests, you can always check with the National Center on Health staff prior to sending requests. We may already have it, the chapter may be already engaged in it, and you don't have to reinvent that wheel. If you're looking for an information request or survey, let us know when you need that information, and feel free to send a reminder before the response is due. And keep it simple and easy. I think you'll find that the chapters really want to reach out and work with you, and it's just a matter of finding the communication strategies that make it easy for both of you, both entities to work together. You can see some tips in terms of our email format using memo style in the body, using email lists, and if the memo format is used, it's used because it displays all recipients and can message all chapter leaders at once. Chapters vary in capacity to respond. As we said, there are small chapters or large chapters. They often have lots of things on their agenda, but they really all are very interested in what you're doing. They're very interested in supporting early childcare and education, early literacy, nutrition in Head Start, oral health in Head Start, mental health. The list is endless.

So they're very interested in what you're doing. There may already be subcommittees in the chapter specifically dedicated to the issue that you want to pursue. And the chapter members, by and large, are practicing pediatricians, so meeting times and formats may need to be flexible, but we have lots of members very interested in working with you, helping you with education and advocacy. So we will stop there, and, Heather, I don't know if we're going to take questions now or at the end.

Heather: Thanks, Dr. Hassink. We are going to actually address questions at the end. But just as a reminder, you can enter them at any time throughout the presentation in that question and answer box at the bottom of your screen. So thank you very much for that overview of the AAP chapter structure, and hopefully folks will find that helpful as they begin to engage more actively with our chapters. I'd like to introduce now our second panelist, Dr. Grace Whitney. Dr. Whitney is a developmental psychologist and currently the Director of Connecticut's Head Start State Collaboration Office. She began her career as a preschool teacher in special education and as a home visitor for at-risk families of infants and toddlers and has since worked in a variety of clinical and administrative positions in early childhood, community mental health, human services, and on A-teams abroad. Dr. Whitney has taught full-time and as an adjunct instructor in developmental psychology, statistics, and public policy and has published on topics related to her work. She holds degrees in child and human development, family studies, and public administration and is endorsed as an infant mental health policy mentor. So, Dr. Whitney, I'd like to go ahead and turn it over to you at this time.

Dr. Sandra Whitney: Thank you, Heather. Hello to everyone. And I am going to be presenting some of the work that goes on at the state level through the Head Start State Collaboration Offices and using the work that we have here in Connecticut to, I think, give a variety of ways that Head Start and healthcare can be partners at the state level. An overview of my presentation, I'm going to talk about supporting the health and nutrition managers within Head Start and then give some examples of some current partnerships that we have going on, one

with WIC and one with obesity prevention and physical activity. Talk a little bit about a new and emerging issue that Head Start health managers were very instrumental in identifying and will be instrumental in helping to resolve, and that has to do with our early childhood health form, and then a new activity in response to that that's going to be working closely with pediatric practices, and that's what we call an EPIC system, partnering with pediatric practices in the community. And then I'll summarize a little bit about our medication administration training and then also some of the work that we do connected with other health professionals in early care settings and then briefly some other smaller topics but nonetheless quite important topics in connecting other areas of health.

First of all, we have been very fortunate in Connecticut to have a very active network of health managers and nutrition managers both in Head Start and Early Head Start. They have been -- they had been meeting for many years. I've been in my position almost 18 years now, and when I started, the health managers were very active in meeting probably three or four times a year. There was a period of time when they did stop meeting but have since resumed probably within the last two years. And clearly, it's been very helpful for them to be able to meet and share information and support one another because they really do create solutions together for the challenges that they have in bringing healthcare to children and families in the state.

I should say every agenda typically has, for these meetings when we're meeting, I typically have something having to do with health but also nutrition and then general development. We have been very focused and intentional about keeping nutrition connected and having nutrition managers meeting with the health managers because of having a close tie to the health of children. And so typically we have nutrition on the agendas as well as health issues. The Head Start Collaboration Office assists by bringing partners to the table when issues are and items are on the agenda. Certainly, the Collab Office can reach out to state partners to bring them to those meetings to hear what some of the concerns and some of the experiences of Head Start are, and then if there are challenges, to be able to then work together to create some solutions. And they are a wonderful and rich place for me as a collab director to learn about some of the issues in the state and to really get that on-the-ground information about the health challenges that children and families have and programs have so that I can then advocate for connections, partnerships, and resources at the state level.

One of the partnerships that we currently have going is with WIC. We have had a partnership for probably about three years which started out with our Department of Public Health, the Collab Office, and with the university, the state university, and now it's with St. Joseph University which is where one of the faculty has relocated and brought the grant with her. The first phase was really kind of a learning phase where we held focus groups with parents and staff in both WIC and Head Start to learn a little bit more about how we might be able to work better together, primarily in response to the data that we get from the PIR and certainly from what WIC gets in that many families drop off of WIC participation as the children go through their preschool years. And so we wanted to really learn how we might be able to work better together. From that focus group, we were able to learn about some of the challenges and developed a grant which we now have in implementation.

We started implementing. Just last month we had our launch for that in one community where we are focusing on increasing WIC and Head Start enrollment, co-enrollment for both programs, aligning nutrition messages to better support families around children who have probably a lot

of the obesity prevention activities, but then also to try to understand a little bit more about nutritional risk. The WIC guidelines for enrollment are different than Head Start. They allow higher-income families to receive services, but certainly we think that being able to work together to enroll in Head Start families who are at nutritional risk would be something that we would want to look at but to understand nutritional risk in more detail. We certainly have children who are under-fed or at nutritional risk because of lack of nutrition but also children who may have feeding issues and children who have allergies. So these are the kinds of things that we hope to learn a little bit more about. And eventually our goal is to be able to establish those partnerships across the state.

The Head Start health manager and nutrition manager at the one Head Start program that is in the pilot community are then key leads in that process. Another program or another initiative that we have currently in partnership is with obesity prevention and physical activity. Our Department of Public Health and our Department of Education received a five-year wellness grant through the Center for Disease Control, and they did put in as a component of that the replication of a project that we had done as a partnership between the Collab Office and our CCDF administrator under ARRA several years ago.

And the model provided us with the capacity to provide "I Am Moving, I Am Learning" training to 20 childcare centers and then support those centers with Head Start mentors who would go out and create kind of action plans for implementation within centers and had small grants for purchasing of materials and equipment to be able to support the implementation and then having a review of those -- of progress for those plans a year out. It was a nice focused model for them to put into their grant, and so when it was funded, we started implementation. Since it's a five-year grant, we have capacity for five cohorts, and we just finished up our first cohort, and we're having a review meeting later today, in fact, where we'll go over the results of that first cohort and then begin to plan for a new cohort for the fall.

But it's been a wonderful way to not only bring Head Start trainers into the state to do additional training but also to use that Head Start mentoring of support for programs and then also to have those resources brought to childcare and other early care programs that don't necessarily have those resources but we know they have children and families that need those services.

This is an area, the Early Childhood Health Assessment Record, that has been one that Head Start health managers have been tremendously instrumental in working alongside the state for many years. Many years ago the Head Start health managers were instrumental in creating a uniform health form for early childhood for our state. We've had a health form probably for a good 10 years, if not more, a unified health form for our Department of Public Health, for licensing, for our Department of Education, for all preschool programs, and then also for our Department of Social Services which previously had handled all of our childcare programs, and then for Head Start. This was a form that was fashioned after the school health form but was designed to really get at issues that were specific to early childhood and then also to include in all of the features that were requirements for Head Start, for WIC, for licensing, and for any early childhood program that had health requirements. At the time, we have had two versions of that, and our Connecticut chapter of AAP was very helpful not only on the review teams that created the forms and then again revise the form, but also in terms of making sure that all

practices knew about the form. They had a spotlight in their newsletter when the form was released and that was very helpful for us to have.

Let me see. And then the Head Start health managers more recently now have identified an emerging issue with electronic records. And this is something that we had not heard about before, but as practices, as medical centers, as clinics are beginning to go toward electronic forms, one of the things that we began to notice was that they were creating their own form and in some ways just putting the name of the form and even the logo for the forms on those new electronic records, and that was presenting us with the variation, again, that we had not seen for quite a while and the form had initially resolved for us, but now with electronic records, individual practices were beginning to create their own forms. One of the areas of concern that we had primarily was that the parent piece was taken off, and that is something that for Head Start is really helpful to have, parents answering certain questions about their children's health that we can then use for our connections with pediatricians but also in working with children in the programs. So we have initiated a state work group that now has actually been transitioned to be led by our state Department of Education, and we'll be looking at not only the early childhood health form but also the school form for children who are in public schools from kindergarten through high school and looking at how we might be able to kind of unify the needs across all segments of the healthcare kind of record system so that we aren't necessarily going back to a chaotic state where everybody has their own form, but we really are looking at ways to have a unified form again both for early childhood and for school-age children.

One of the ways that we will be immediately going to work with pediatric practices is by implementing something that we have had in our state for quite a while, something that's called the Educating Practices in Communities, which is something that our Child Health and Development Institute has had as an initiative for many years. They use kind of the pharmaceutical detailing approach to educating practices around a variety of health issues where they go in and meet with health practices, bring lunch, provide little chachkas and kind of reminders or maybe refrigerator magnets, whatever is appropriate for the particular topic, but also provide -- I think one of the things that's really important is they provide resources to practices and then contacts for practices for ways to not only address health issues in the practice but also connect families to outside resources. There is a new module that has been created that focuses on the Head Start Program Performance Standards and really highlights the areas of the health form that we critically need completed in that we may be looking to communicate with health practices around.

And then the real goal of this is to create those relationships with practices, especially the staff and practices, so that when we are looking for information and they are looking for information that those connections can be readily available and we can work together. So we're really excited about this. We're just now beginning to move on this. And I think that this is going to really help us to understand the electronic form piece of this, too, because we know that partners, practices have challenges in terms of recordkeeping, and how can we work together to streamline this for all of us as well as moving forward into an electronic age.

Okay, just a couple of other topic areas that we work very closely together with the healthcare field. One is around medication administration in early care settings. We have so many children who are on medication and knowing that training for early childhood staff is really critical so that they can be able to provide that medication in settings in an appropriate fashion. We've

worked very closely with Yale School of Nursing over the years to have state-of-the-art medication administration training curriculum available and trainers available to train early care staff. Many of our Head Start health managers are, in fact, trainers and cannot only train the staff in the Head Start program and Early Head Start program but also become community trainers for other early care settings.

Another area is in supporting other healthcare professionals who are out there in early care settings, childcare, public preschool, that oftentimes they have resources that are available to Head Start. Health and nutrition managers can be made available and shared with childcare health consultants and then childcare health consultants can be involved in trainings so that really we're using the learnings that we have from Head Start and the resources that we have with Head Start in the rest of the early care environment. And certainly we're advocating together for our QRIS system to recognize and value health, health standards, health resources, and then the importance of having workforce support around the health area as well.

Let me see. Other health issues that have been addressed have been oral health. We have worked in the past and continue to work with the National Center on Health Oral Health Project. The dental home partnerships continue to be one of the strongest areas of partnership in our state, and we've been able to measure that with the annual Head Start Collaboration Needs Assessment for partnership in the community. Those dental home partnerships are critical in terms of having relationships when we need to have oral health exams for all of the children in Head Start. And our dental hygienist liaison has come to our health managers' meeting and is available to provide support to individual programs as they identify those needs and connect with her.

Some of the first emotional supports that we've been working on have been connections with our Part C and 619 networks to strengthen and engage programs in the pyramid model for social-emotional development. While this has been more in the realm of education and disabilities, we have tried to also ensure that our health managers know about all of our social-emotional support for programs because this is an area that's really critical to them as well. And we know that sometimes that social-emotional needs are really based in health challenges or health problems that children may have, so connecting those dots becomes very helpful. And then another one is in the developmental screening and assessment area.

Again, this has been within Head Start something that's been more in the realm of education and disabilities, but we try to keep the Head Start health managers involved and the Early Head Start health managers involved in the conversation around screening and assessment, because again of the health origin sometimes of deficiencies and challenges that are identified. We sit with our AAP chapter on our ECCS advisory, and so we certainly work with pediatric practices around screening and assessment as well, and that's yet another reason to make sure that the health connections are there within Head Start programs, not just for education and disability managers and staff. Let me see.

Okay, so some of the summary comments I'd like to make are that there are certainly system benefits to learning from Head Start and Early Head Start health and nutrition managers. The new and emerging challenge with electronic records is one area where I like to describe our Head Start health managers as kind of the canary in the cave, that they have suddenly identified that there is this new challenge out there to really making sure that we get the important health

information that we all need in early care settings, and it was the health managers that identified this issue first, and now that has really been transferred to our Department of Education and our whole health system.

There are benefits to Early Head Start and Head Start helping nutrition managers to really obtaining a meeting in partnership support for their communication, because without that, they sometimes don't have the capacity to meet on a regular basis, nor to connect with partners. Certainly working through the Collaboration Office to be able to get those needing support has been very beneficial here in our state. There are benefits to healthcare providers in having someone to reach back to.

The healthcare community is really strengthened by having connections to communities and community resources, and when health managers can reach back, they know how to reach back, and they are reaching really out to one another, they can best serve families together well. Head Start can be a tremendous resource for pediatric practices, even if the children are in childcare or pre-K, and then really working together, help to maximize the resources for all of us. And ultimately there are the biggest benefits to infants, toddlers, preschoolers, and to families.

Contact information for Head Start collaboration offices, you can get that on the ECLKC website. Any partnership and collaboration supports that are available through the Collab Offices are highlighted in that section. There's a whole section on collaboration and their collaboration offices for states and territories. Also, there's an American Indian and Alaskan Native Head Start Collaboration Office and a Migrant and Seasonal Head Start Collaboration Office as well. And on the ECLKC website, you can get contacts and priorities for all of those collaboration offices.

And I think that's it for me. I'll hand it back to you, Heather.

Heather: That's fantastic. Thank you so much, Dr. Whitney. Some great examples of some really innovative collaborative efforts there in your state. So thank you so much. And we move now to our final speaker. Before we introduce Dr. Kraft, I just want to say thank you so much for the great questions coming in. Keep them coming, and we will do our best to address them once the presentations are concluded. So Dr. Colleen Kraft is the Medical Director of the Health Network by Cincinnati Children's, an Associate Professor of Pediatrics at the University of Cincinnati. She has been a primary care pediatrician for the past 25 years and is the current Chair of the Advisory Committee of the National Center on Health in Head Start. Most importantly, Dr. Kraft was in the first class of Head Start in 1965. And with that, I'd like to go ahead and turn it over to Dr. Kraft.

Dr. Colleen Kraft: Thank you, Heather. And thank you, everybody on the webinar. Going to talk about some specific things that as a chapter member we have done to really work with our local Head Start and our state-level Head Start. So I'm going to talk about our state chapter, which is Virginia chapter, community partnerships, a little bit about medical school and residency training partnerships, and then finally, some of what we've been able to do to promote Head Start connections with individual practices. So the Virginia AAP chapter has a collaborative partner foundation called Medical Home Plus, and two of the things that we have done specifically for Head Start is our medication administration program, and then we've partnered with the Virginia Foundation for Healthy Youth grants in social-emotional health curriculums as well as childhood obesity prevention curriculum. So medication administration training, the way

that we got that started, we started actually in advocacy. And so our medication administration training requirement for our teachers in early childhood settings used to be a three-hour course that they had to listen to, and we had many, many instances where children were being overdosed or under-dosed.

The problem was is that there was no practical component to the training. And so what we worked on through our advocacy was requiring that there be a practical component to this training and so the Virginia Department of Social Services became in charge of this, and we worked with them on the actual training, which starts with the Healthy Futures medication administration training. But then we developed a practical component as well, too. And very similarly to what Grace discussed, we have a web-based introductory training, and then we have an on-site train-the-trainer where the trainers go when they train Head Start staff as well as early childhood education and even family childcare centers and that they sign off on the practicum and that medication administrators need recertification every three years. And that way they keep up-to-date with things like rectal administration of medications or some of the diabetes training that's going out there now. But it ensures that the children get the correct training.

And our Head Start staffs have been really very grateful, as they've had new and different training come through. The Virginia Foundation for Healthy Youth was started through our tobacco settlement foundation, and it was initially started to promote smoking prevention, but as the problems of childhood obesity became more apparent, it started to include childhood obesity prevention as well, too. And what they do is they fund evidence-based programs in childcare, Head Start, elementary, middle, and high school.

And so the first program that we were able to get started with Head Start was something called AI's Pals-Kids Making Healthy Choices. And this is really a neat program that we've been able to fund through the Virginia Foundation for Healthy Youth, but it is done as a curriculum in childcare centers and Head Start centers where the teachers work with the kids on what -- first of all, what's happy, what's sad, what's angry, and what are those emotions and what do you do with those emotions. And then those emotions are played out throughout the day, so when you have two children arguing over the same toy, you don't have a teacher taking away the toy. The teacher makes them stomp, count to five, take a deep breath, brainstorm a good solution, and it really helps to promote social-emotional learning in real-time. And then those lessons are then written down and presented to the families. There's a family component to this, so we look at this as teaching developmentally appropriate social-emotional training to children in Head Start, but then teaching those developmentally appropriate social-emotional responses to those families as well, too. So in a sense, it's child abuse prevention and it's social-emotional training for the whole family. And this was really gone as the whole idea behind this.

And really very wise on our Foundation for Healthy Youth part is that if you learn how to make a decision when you're three years old, when you're four years old, then when somebody starts to bring a cigarette to you at age 15, you have that ingrained in you. You know how to make that decision. And so we were really happy that they were willing to accept this as one of the programs. "I Am Moving, I Am Learning," which started in Head Start. We were also able to make the argument that this is such a great program in Head Start that we need to have this mentored in our other childcare centers. So this, again, is a great example of what Head Start has been able to do and how we've been able to work with Head Start to really expand this

program into our other childcare centers so we are able to prevent childhood obesity and really promote a great and active and fun program at our other childcare centers. So when you look at community partnerships, what's important to know is that Head Start is part of a big group of community partnerships that we all are part of and that we all have to be integrated with so that we can be importantly involved with each other. And so if we look at our community agencies, our child advocacy organizations, and Medicaid-managed care, we're all looking at who houses parent play and support programs.

And I'd like to talk about parent play rather than parent education because how many of our parents really need to be educated? I often find that parent education tends to be something that people don't react well to. But parent play and parent support is something that people do react well to, and a lot of our parents don't know how to play with their kids. And that is very much related to housing, job education, job training, social services. And so the [indiscernible] of this in Virginia are called the Smart Beginnings community. So within the Smart Beginnings community, we have links to our community agencies, but we also have housed within them our Head Start groups, our QRIS, so people looking at our childcare centers and where they are and how can we start improving the quality and how can we learn and mentor each other. And then our home visiting organizations, too.

One of our big pushes has been how do we connect home visiting to Head Start and connect some of the really good outcomes we had in home visiting to these kids as they go into Head Start classrooms. And then we've also within the Smart Beginnings community have brought in local business investments and have successfully made the argument that you and your local community and where I have lived in southwestern Virginia, you really want those kids in your community to grow up and be able to work for you and show up on time and be able to have a job that they can be secure at and be able to add and subtract and read. And so our local businesses have bought into the Smart Beginnings community, and so they are supportive of Head Start and home visiting and QRIS and all of those different areas. The Virginia Early Childhood Foundation is actually a state-level partnership that combines the Smart Beginnings communities which are scattered throughout Virginia with state funding that's matched by corporate investments.

So we have a board at the state level that has some state funding, and then the people on the board are CEOs of Virginia corporations who also bring in dollars as well that they then share with the Smart Beginnings communities. And then each community can decide what's their priority for that year. Is it going to be working on QRIS? Is it going to be promoting home visiting? And that way they can really work with their Head Start communities to look at the programs that are going to be most helpful and most important with their community. Building Bridges. Building Bridges is an American Academy of Pediatrics endeavor that was specifically looking at linking pediatricians to some of their local communities.

So within each of these Smart Beginnings communities, we were able to select one pediatrician who was going to be their contact, because what I know from working with our Head Start groups is that they would love to have a pediatrician collaborate with them. It's getting the pediatrician to the table there. And so the Building Bridges group did that for Virginia. And so we have people who -- we have a pediatrician who's on our state board but also pediatricians in our local areas as well, too. Quality care and education.

We know that Head Start does a great deal to promote screening and access to care and that we are looking at working with Head Start to go from the home environment where there's prenatal support, screening for depression, home visiting, safe environments to the preschool environment, then to the school environment as well, too. And the one big thing that I think we are really working on in Virginia is keeping that parent engagement going because I think that the one thing that is missing a lot in the school year is that you have in Head Start the parent engagement. And I think that if we were really looking to move that forward, I think that that may be a really good thing to keep going. Looking at medical school and residency programs. Residencies have to do something called the community and advocacy rotation. And many of these kids actually become patients of the residents. So our residents at the Carilion Clinic Virginia Tech Carilion School of Medicine participate in a lot of Head Start screenings. This is a picture of one of my residents at one of our oral health screenings. And doing this, they also spend time -- this is in southwestern Virginia, but they spend time in the community and they talk with a lot of the parents in the homes, and so they get to really see homes and health disparities and much of what goes on in the lives of the children in these communities, and it's a real lesson for them. Within individual practice, as individual practices can work with Head Start, they become a referral source for the programs and that they become a referral source for patients as well, too.

There can be staff and parent education as well as consultation for questions. One of the big things that many of our practices are doing now is proactive screening of social determinants for benefits for housing, for maternal depression, for domestic violence, and for all others. And, again, if you're looking at trying to prevent child abuse, if you're looking at trying to promote early brain and child development, really addressing this at the very, very beginning as part of the practice is something that's important. Then you can identify kids who may be eligible for Head Start. The family to family connections is so important. And that's also something that we run through Medical Home Plus as well as encourage to the chapters as well, too. So finally, in many different ways, we support health in Head Start, and this is just one example of what one state AAP chapter does with our connections with Head Start. With that, I'm going to finish up. And I think we have a couple of minutes for questions.

Heather: Thank you so much, Dr. Kraft. Thank you for all of our presenters for doing just a fantastic job of sharing your experiences and expertise. And we do have a little bit of time here for a few questions. First one, I think, is probably to Dr. Kraft, and the question is this: How does synching the American Academy of Pediatrics Bright Futures 2014 periodicity schedule -- and I'm going to ask you to say a little bit about that first -- with Head Start health requirements align as you work with local Head Start programs?

Dr. Kraft: I would say that the Bright Futures periodicity schedule, which is what the academy is recommending that pediatricians view for children at their different checkups, really aligns very well with Head Start because it has much more of an emphasis on developmental screening and developmental trajectories and looking at what the family's concerns are for that child. One of the things that we started to do in Virginia was we actually worked between our health department and Head Start to craft that form that was required for Head Start and for school and put things on there like developmental assessment and what tool they should use. So if you had a pediatrician or a practice that wasn't using a screening tool, it kind of gave them the impetus to actually start using something. But they align very well and probably closer than they have actually in the past.

Heather: Great. Thank you so much. Our next question, I think, is for Dr. Hassink, and the question is: How can county systems best be connected to AAP chapters?

Dr. Hassink: So thank you for that question. I think this is a question we're all asking ourselves, is how we can increase alignment. There are several ways at the local level where you can just at the simplest level make contact with the chapter and begin to look at what their initiatives are and what the shared work may be. I do think there's probably a place, and we haven't talked about this, or maybe the Head Start Center for Health has, about helping people make more formal connections and educating at the chapter level about Head Start, the Center for Health, and about synergies that can happen. You've already heard today maybe in four or five states all the programs that are going on and actually interwoven with chapter activities. So I think that you're hearing now the desire to connect, and I think there are ways at the very local level and ways at the national level that we'll be looking to facilitate these connections. And, Heather, if I've over-spoken myself, please let me know, but I think this is something that the Head Start center will be also focused on.

Heather: Thanks. No, you're absolutely right with that. And we've had a number of questions come in specific to certain states, and I think we just say in general that if you're wondering what types of connections already exist between your state's own Head Start programs and that chapter, we would be happy to work with you offline around that. And it is certainly the goal of the National Center on Health to increase those collaborative efforts. And we would be happy to facilitate some connections with chapter leaders or just advocates in that state. So please feel free to contact us at nchinfo@aap.org or any of the other contact information that you've seen on the slides, and we will certainly get in touch with you around that. And then, Grace, there was a question about the availability of one of the forms that you mentioned during your presentation.

Dr. Whitney: Our early childhood health form?

Heather: Yes, exactly.

Dr. Whitney: Okay, one of the slides does have a link to an article that has the form, or oddly enough, you can Google "yellow form" and it'll pop up. Because it's a yellow form, we lovingly call it "the yellow form," and you can actually -- it's odd, but you can actually get it on Google.

Heather: That's great. Thank you.

Dr. Whitney: Very popular by its loving name.

Heather: That's great. Thank you very, very much. We have one other question. Actually, we've got a couple of other questions, and I think we have time to at least get to one of them, and then I'll use the last one as a plug for our next upcoming webinar. But the question was: Have federal Early Head Start or Head Start programs or any state programs started working with the national AAP or chapters on early brain and child development issues and toxic stress, for example, around the issue of primary prevention in child abuse? And I'll just say a little bit on that. What the National Center on Health is doing, we do provide a number of region-requested

trainings both on the science around early brain development and health, but also kind of bringing in the perspective of staff wellness.

We've got a number of our NCH partners who are leading those trainings and providing those. We have a video series that will be up on the ECLKC very soon that will address various aspects of toxic stress and how to address that with families, how to partner with the healthcare community to address those issues. We have materials for staff and families that will explain, again, kind of the issues around adverse childhood experiences, toxic stress, more for the positive side of things, building strong relationships as a protective factor and things along those lines. And then we are very excited to let you know that we've been provided some funding for a learning collaborative to begin strengthening those relationships between Head Start programs and local healthcare providers around the issue of toxic stress, and more information will be available about that in the coming couple of months. So I don't know if any of the other presenters want to speak to anything that they're doing around that issue. Be happy to hear a little bit about that.

Dr. Whitney: I think the only thing in Connecticut that we're trying to do is through the developmental screening activities and really making sure that maternal depression and stresses within the home are a part of that, that it's not just an ASQ-SE but, in fact, is looking more at circumstances within the home and family as well.

Dr. Hassink: And I would also say New Jersey has already started working toxic stress education around that into their child abuse prevention education, and they are working with Head Start to educate health managers. So I think it's already working itself in.

Heather: Fantastic. And then the last question was around lead screening, and I think it's -- I'll just use it as a way to kind of let you know that we are planning the third webinar in this series. We'll address some of those issues that have presented, I think, challenges but also opportunities for collaboration between Head Start programs and healthcare providers in the community. We'll talk a little bit about some of the different understandings from those issues and how different states, different communities have worked together to overcome those. So stay tuned. We will be addressing those in more detail in the next couple of months here. So we look forward to working with you on that.

So, again, I'd just like to thank our presenters again for taking the time and energy to be a part of this presentation. Thank you to all of you for taking time out of your day to be with us. If you have further questions about any of these topics today, please don't hesitate to contact the Head Start National Center on Health. Our phone number is 888-227-5125, and our email address is nchinfo@aap.org. And just as a reminder, when the webinar ends, there will be a survey poll that can be taken immediately, and the follow-up email will also be sent to everyone who watched live with the instructions to share the Survey Monkey link to everyone who participated as a group. Those who do take the survey immediately after the webinar will get their certificate immediately as well, and those who use the Survey Monkey link will receive their certificate in two to four weeks. Thank you again for joining us for this fantastic webinar.

Thank you again to our presenters. And we look forward to your participation in future events.

Have a great day.

[End video]